



STATE OF TENNESSEE  
ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower  
500 James Robertson Parkway, 3<sup>rd</sup> Floor  
Nashville, TN 37243  
615-741-1602

[www.tn.gov/abc](http://www.tn.gov/abc)

4420 Whittle Springs Road  
Knoxville, TN 37917  
865-594-6342

170 North Main, 11<sup>th</sup> Floor  
Memphis, TN 38103-1877  
901-543-7284

540 McCallie Avenue, Suite 341  
Chattanooga, TN 37402-2055  
423-634-6434



PERMIT NO. \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

COST OF PERMIT  
5 YR. - \$20.00

**Business Check, Money Order or Cashiers Check ONLY**

***APPLICATION FOR WHOLESALER'S REPRESENTATIVE PERMIT***

Date: \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant Phone \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Hereby make application for a permit to serve as an employee of the following wholesaler:**

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Tenn. Zip Code \_\_\_\_\_

**Each Question Must Be Fully Answered**

1. Are you a United States Citizen? \_\_\_\_ All applicants must complete form AB-0116 – Declaration of Citizenship
2. Have you **EVER** been convicted of any **criminal** offense? \_\_\_\_ If answer is yes, furnish complete details including DATE, PLACE, CHARGE and RESULT (probation, jail time, fines, community service, etc.). Failure to disclose all criminal convictions may result in disciplinary action against your permit, including civil penalty and/or revocation. (attach additional sheets if necessary)  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you, within ten (10) years preceding the date of this application been engaged in business, alone or with others, which has violated any Laws or Rules and Regulations of the State of Tennessee or any other state or of the United States, prohibiting or regulating the sale, possession, transportation, storing, manufacturing, dispensing, or otherwise handling intoxicating liquors? \_\_\_\_\_. If so, provide the complete details including charge, date, place, disposition. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Are you familiar with the Law and Rules and Regulations covering the sale of alcoholic beverages in Tennessee? \_\_\_\_\_

5. Give the names and addresses of persons related to you by blood, marriage, or otherwise who own, operate, or have any interest either in a Retail Store, Wholesale Distributor, Distillery or Supplier.  
\_\_\_\_\_
6. State your interest (financial, stock ownership, loans, gifts, guarantor of loans, or otherwise) in the above named business.  
\_\_\_\_\_
7. Give name, address and type of business of last three places you have been employed:  
\_\_\_\_\_  
\_\_\_\_\_
9. Are you employed elsewhere? \_\_\_\_\_ If answer is yes, give name and address of employer  
\_\_\_\_\_
10. Do you have any relatives employed by the Tennessee Alcoholic Beverage Commission? \_\_\_\_\_
11. List all names you have used, including maiden name, nicknames or any other names by which you have been known.  
\_\_\_\_\_

**WARNING:** "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

All data, written statements, affidavits, evidence or their documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

\* "THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT" \*

Application authorized by _____	_____
Print Name, Owner of Establishment	Print Name, Applicant
_____	_____
Signature, Owner of Establishment	Signature, Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires _____	_____
	Notary Public

TABC Validation

Notary Seal

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

**FOR ADDITIONAL INFORMATION:**

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.